

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9-28-07</u>		2 Serial/Patent # <u>15/1647264</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		<u>9/21/07</u>	\$ <u>1500</u>							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>1500</u>							
		8 TO BE REFUNDED BY:		<u>Credit Card</u>							
10 REASON:		<u>Treasury Check</u>									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td>--</td><td> </td><td> </td><td> </td><td> </td></tr></table>					--				
		--									
<input checked="" type="checkbox"/>	Duplicate Payment. <u>Fee sent for wrong app no.</u>										
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Frances Hicks</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>Frances Hicks</u>		PHONE: <u>x23218</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>CKH</u>		DATE: <u>9/28/07</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: